NAME: CLASSIFICATION: ACCOUNT POSITION # UNION CODE:  LOCATION: WORK WEEK (Circle One) 35 S 40 S NS Indicate date flex schedule authorized: SCHEDULED WORK HOURS FACH DAY (Check) SHIFT ASSIGNMENT (Circle One) 1 <sup>ST</sup> 2 <sup>SD</sup> 3 <sup>SD</sup> PART-TIME SCHEDULE AUTHORIZED A. FLEX SCHEDULE OF WORK HOURS  Start: AM End: PM B. SCHEDULED MEAL BREAK  Start: AM End: PM B. SCHEDULED BREAKS  Start: AM PM C. SCHEDULED BREAKS 1 <sup>ST</sup> / 2 <sup>ND</sup> C. SCHEDULED BREAKS 1 <sup>ST</sup> / 2 <sup>ND</sup> Submitted By: Employce Date  SUPERVISION AUTHORITY: Name & Title of individual responsible for employce supervision.	HOURS OF WORK									
LOCATION:	Tansportation A			NAME:						
MORK WEEK (Circle One)   35 S   40 S   NS		D	IVISION:							
Indicate date flex schedule authorized:   SCHEDULED WORK HOURS EACH DAY (Check)   SIT 2 ND 3 RD   Part-Time (Fill in A, B, C) 1 or ½ Hr. Meal   Part-Time (Fill in A, B, C) 1 or ½ Hr. Meal   Part-Time (Fill in A, B, C) 1 or ½ Hr. Meal   Part-Time (Fill in A, B, C) 1 or ½ Hr. Meal   Part-Time (Fill in A, B, C)   In ½ Hr. Meal   Part-Time (Fil	LOCATION:									
SCHEDULED WORK HOURS EACH DAY (Check)   SCHEDULED WORK HOURS EACH DAY (Check)   SHIFT ASSIGNMENT (Circle One) 1 ST 2 ND 3 RD   PART-TIME SCHEDULE AUTHORIZED   PART-TIME SCHEDULE AUTHORIZED   PART-TIME SCHEDULE OF WORK HOURS   Flex Schedule (Fill in A, B, C) 1 or ½ Hr. Meal   Part-Time (Fill in A, B, C)   Part-Time (Fill in A, B, C)   Flex Schedule (Fill in A, B, C)   Part-Time (Fill in A, B,		W	ORK WEEK	(Circle One)	35 S	40 S	NS			
Flex Schedule (Fill in A, B, C)   1 or ½ Hr. Meal   Part-Time (Fill in A, B, C)   1 or ½ Hr. Meal   1 or ½		In	dicate date	flex schedu	le authorized:	/ /				
Start: AM	SCHEDULED WORK HOURS EACH DAY (Check)  SHIFT ASSIGNMENT (Circle One) 1 <sup>ST</sup> 2 <sup>ND</sup> 3 <sup>RD</sup> PART-TIME SCHEDULE AUTHORIZED  Normal 8:30 AM – 4:00 PM (Fill in <b>B, C</b> ) ½ Hr. Meal  Flex Schedule (Fill in <b>A, B, C</b> ) 1 or ½ Hr. Meal  Part-Time (Fill in <b>A, B, C</b> )  ELIGIBLE SHIFT DIFFERENTIAL? Yes No  M D Y M D Y									
End: PM			S	M	TU	W	TH	F	S	
B. SCHEDULED MEAL BREAK  S M TU W TH F S  Start: AM PM End: AM PM  C. SCHEDULED BREAKS 1 <sup>ST</sup> / 2 <sup>ND</sup> S M TU W TH F S  1 <sup>SI</sup> : AM AM 2 <sup>nd</sup> : PM PM  Submitted By: Employee Date	Start:	AM								
S	End:	PM								
Start: AM	B. SCHEDULED MEAL BREAK									
PM			S	M	TU	W	TH	F	S	
End: AM	Start:									
C. SCHEDULED BREAKS 1 <sup>ST</sup> / 2 <sup>ND</sup> S S M TU W TH F S  1 <sup>st</sup> : AM AM 2 <sup>nd</sup> : PM PM Submitted By:	End:	AM								
1st: AM AM 2nd: PM PM Submitted By:  Employee Date  SUPERVISION AUTHORITY:										
1st: AM AM 2nd: PM PM Submitted By:  Employee Date  SUPERVISION AUTHORITY:			S	M	TU	W	TH	F	S	
2 <sup>nd</sup> : PM PM Submitted By:  Employee Date  SUPERVISION AUTHORITY:	1 <sup>st</sup> :									
Submitted By:    Final	2 <sup>nd</sup> :									
Employee Date  SUPERVISION AUTHORITY:		PM								
SUPERVISION AUTHORITY:	Submitted By:									
	Employee Date									
Name & Title of individual responsible for employee supervision.	SUPERVISION AUTHORITY:									
Approved/Disapproved:  Next date to be reviewed									/ be reviewed	